



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

August 5, 2004

SAMUEL A. KASSATLY
20690 VIEW OAKS WAY
SAN JOSE, CA 95120
US

Dear Sir/Madam,

This is to deny your refund request in the amount of \$230.00, for patent/serial number 09783666.

You sent an admendment and added claims.

8 x 18 = \$144.00

1 x 86 = \$ 86.00 Money was needed to pay for the added claims.

Sincerely,

Eleanor Kurtz
Technical Center Others
703 305-4762
Refund Branch, Office of Finance

Wednesday, June 30, 2004 1:13 PM

Samuel A. Kassatty 408-323-5112
SAMUEL A. KASSATTY
Attorney-at-Law
Technology and Intellectual Property Matters

p.01

20690 View Oaks Way
San Jose, CA 95120
Telephone: (408) 323-5111
Facsimile: (408) 323-5112

orbsak@pacbell.net

FACSIMILE TRANSMISSION

| | | |
|---|------------------|--------------------|
| DATE: June 30, 2004 | FROM: | Samuel A. Kassatty |
| TO: ATTENTION: REFUND SECTION, | TELEPHONE NO.: | (408) 323-5111 |
| ACCOUNTING DIVISION, OFFICE OF FINANCE | FACSIMILE NO.: | (408) 323-5112 |
| U.S. Patent and Trademark Office | ATTY DOCKET NO.: | ARC920010009US1 |
| FACSIMILE NO.: 703-308-5077 | SUBJECT: | Request for Refund |
| | Deposit Account: | 500219 |

Title: "Automatic Relevance-Based Preloading Of Relevant Information In Portable Devices"

Applicant(s): Reiner Kraft et al.

Attorney Docket No.: ARC920010009US1

Serial No.: 09/783,666

Filing Date: 02/14/2001

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE **5**

Respectfully submitted,

Samuel A. Kassatty
Reg. No. 32,247
Date: June 30, 2004

Enclosure: Request for Refund

CERTIFICATE OF FAXING

I hereby certify that this correspondence is being faxed to the U.S. Patent and Trademark Office, to fax No. 703 872-9306, on June 30, 2004.

Samuel A. Kassatty

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Sir:

REQUEST FOR REFUND
(Improper charge of Deposit Account)

1. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 500219 shown on the enclosed statement dated June 2004 for the above-identified

 application patent

A copy of the monthly statement in which the error referred to occurs, accompanies this request.

| | | AMOUNT OF REFUND REQUESTED |
|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> | filling fee | |
| <input type="checkbox"/> | surcharge for filing the basic filing fee on a date later than the filing date of the application (37 CFR 1.16(e)) | |
| | and/or | |
| <input type="checkbox"/> | surcharge for filing the oath or declaration on a date later than the filing date of the application (37 CFR 1.16(e)) | |
| <input type="checkbox"/> | extension of term | |
| | <input type="checkbox"/> first month | |
| | <input type="checkbox"/> second month | |
| | <input type="checkbox"/> third month | |
| | <input type="checkbox"/> fourth month | |
| <input checked="" type="checkbox"/> | excess dependent claim | \$144 |
| <input checked="" type="checkbox"/> | excess independent claim | \$ 86 |
| <input type="checkbox"/> | issue fee | |
| <input type="checkbox"/> | petition fee | |
| <input type="checkbox"/> | patent maintenance fee | |
| | <input type="checkbox"/> first maintenance fee | |
| | <input type="checkbox"/> second maintenance fee | |
| | <input type="checkbox"/> third maintenance fee | |
| <input type="checkbox"/> | patent maintenance fee surcharge | |
| <input type="checkbox"/> | other _____ | |
| <hr/> TOTAL REFUND REQUESTED | | \$230 |

Wednesday, June 30, 2004 1:13 PM

Samuel A. Kassatly 408-323-5112

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Enclosed please find a copy of the fee transmittal form in the subject patent application clearly indicating that the fee is to be charged to the following deposit account: 09-0441.

III. MANNER OF REFUND

Please make refund by

- crediting Account No. 500219 - Samuel A. Kassatly Law Office
 refunding payment

Respectfully submitted,



Samuel A. Kassatly (Reg. No. 32,247)

Samuel A. Kassatly Law Office
20690 View Oaks Way
San Jose, CA 95120
Telephone no. (408) 323-5111
Facsimile no. (408) 323-5112
Attorney Docket No. IBM-049.ARC

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United States
Patent and
Trademark Office

6/30/04

Deposit Account Statement

Received by
USPTO Home
Page

Finance
Online
Shopping
Page

Requested Statement

Month: June 2004

Deposit Account Number: 500219

Name: SAMUEL A
KASSATLY

Attention:

Address: 20690 VIEW OAKS
WAY

City: SAN JOSE

State: CA

Zip: 95120

| DATE | SEQ | POSTING REF | ATTORNEY DOCKET NBR | FEE CODE | AMT | BAL |
|-------|-----|----------------|---------------------------|------------------|-------------|------------|
| | | | | | | IN DISPUTE |
| 06/17 | 38 | 6163426 | RR1379 | 1551 | \$910.00 | \$3,003.00 |
| 06/18 | 4 | 09783666 | ARC920010009 | 1201 | \$86.00 | \$2,917.00 |
| 06/18 | 5 | 09783666 | ARC920010009 | 1202 | \$144.00 | \$2,773.00 |
| | | START BALANCE | SUM OF CHARGES | SUM OF REPLENISH | END BALANCE | |
| | | \$3,913.00 | \$1,140.00 | \$0.00 | \$2,773.00 | |

Need Help? | Return to USPTO Home Page | Return to Finance Online Shopping Page

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 144)

Complete If Known

| | |
|----------------------|---------------------|
| Application Number | 08/783,868 |
| Filing Date | 02/14/2001 |
| First Named Inventor | Rainer Kraft |
| Examiner Name | Mohammad A. Siddiqi |
| Art Unit | 2154 |
| Attorney Docket No. | APC820010009US1 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Deposit Account | | | | |
| 09-0441 | | | | |
| International Business Machines | | | | |

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------|---------------|--|----------|
| 1051 160 | 2031 65 | Surcharge - late filing fee or oath | |
| 1052 50 | 2032 25 | Burghery - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | Non-English specification | |
| 1012 2,420 | 1012 2,420 | Filing a request for ex parte reexamination | |
| 1504 820* | 1804 820* | Requesting publication of BIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | Requesting publication of BIR after Examiner action | |
| 1251 110 | 2251 65 | Extension for reply within first month | |
| 1252 420 | 2252 210 | Extension for reply within second month | |
| 1253 880 | 2253 475 | Extension for reply within third month | |
| 1254 1,460 | 2254 740 | Extension for reply within fourth month | |
| 1255 2,010 | 2255 1,005 | Extension for reply within fifth month | |
| 1401 350 | 2401 165 | Notice of Appeal | |
| 1402 630 | 2402 165 | Filing a brief in support of an appeal | |
| 1403 290 | 2403 145 | Request for oral hearing | |
| 1431 1,010 | 1461 1,510 | Petition to institute a public use proceeding | |
| 1452 110 | 2482 65 | Petition to revive - Unallowable | |
| 1463 1,330 | 2453 665 | Petition to revive - Unintentional | |
| 1501 1,330 | 2501 665 | Utility issue fee (or release) | |
| 1502 460 | 2502 240 | Design issue fee | |
| 1503 840 | 2503 320 | Plant issue fee | |
| 1460 120 | 1480 130 | Petty fee to the Commissioner | |
| 1807 50 | 1807 60 | Processing fee under 37 CFR 1.17(q) | |
| 1808 180 | 1808 180 | Submission of Information Disclosure Stmt | |
| 6021 40 | 6021 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 770 | 2809 365 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 770 | 2810 365 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 770 | 2801 365 | Request for Continued Examination (RCE) | |
| 1802 900 | 1802 900 | Request for expedited examination or a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

(Complete if applicable)

| | | | | | |
|-------------------|------------------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Samuel A. Kassatly | Registration No. (Attorney/Agent) | 92,247 | Telephone | 408-323-5111 |
| Signature | <i>Sam A. Kassatly</i> | | | | |
| Date | 05/20/2004 | | | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTAB-1-800 and select option 2.

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